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Stalking: false claims of victimisation

MICHELE PATHÉ, PAUL E. MULLEN and ROSEMARY PURCELL

Background False allegations of victimisation although uncommon are important to recognise. This paper examines those who falsely claim to have been the victims of stalking.

Aims To highlight the phenomenon of false victims of stalking.

Method Twelve individuals who falsely claimed to be victims of stalking were compared with a group of 100 true stalking victims.

Results False stalking victims presented for help earlier than real victims and were less likely to claim harassment via letters. They reported equivalent levels of violence directed at themselves but seldom claimed others were attacked. Five types of false claimants were recognisable. False victims consumed more medical services than genuine stalking victims and they were more likely to be embroiled in legal action. They reported similar levels of distress with suicidal ruminations in over 40%.

Conclusions The current interest in stalking is promoting false claims of being stalked. Early identification of these cases and appropriate intervention are essential to both minimising abuses of resources available to true victims and equally to ensure appropriate care for those who express their own disordered state in false claims of victimisation.

Declaration of interest None.

Stalking refers to repeated unwanted attempts to contact or communicate with the object of attention. Central to how stalking is constructed is the victim's perceptions of being harassed and rendered fearful. Given this subjective element, on occasion perpetrator and complainant might be expected to take different views of the unwanted communications and approaches. Beyond such differences of perspective there are occasional individuals who claim to be victims of stalking but who quite simply have not been subjected to the behaviour about which they complain (Travis et al, 1996; Mohandie et al, 1998). This paper reports on 12 such individuals.

METHOD

Our clinic has provided services to over 150 stalking victims, usually referred from the courts, medical practitioners or victim assistance agencies. In 12 cases the accusations were judged to be false on the basis of the claims being clearly, and repeatedly, at odds with the available objective information. In those in whom the stalking was delusional in nature the accounts were often inherently unlikely, if not frankly impossible. The benefit of the doubt was given to marginal cases where the victim's presentation was suspect, but where the presence of stalking could not be confidently excluded on the available evidence.

Those making false claims were compared with 100 true stalking victims who were the subject of an earlier paper (Pathé & Mullen, 1997). False victim data were initially summarised with descriptive statistics. Differences in relevant characteristics between false and true victims were compared using contingency table analysis with χ², or Fisher's exact test where appropriate. Results are expressed as odds ratios with 95% confidence intervals, and the level of statistical significance was taken to be 5% (P=0.05). Analyses were performed using Systat 7.01 for Windows (SPSS Corporation, 1997).

Personal identifiers have been altered to ensure anonymity without compromising the essential features of the case.

RESULTS

The 12 subjects (three male) were aged from 25 to 55 years (see Table 1). Five were referred from courts, four by medical practitioners, and three self-referred. Six subjects had experienced severe victimisation in the past, two with corroborated backgrounds of spousal abuse, two a substantiated history of childhood sexual abuse while another had witnessed an horrific accident that killed her son.

The group attracted a range of psychiatric diagnoses, although paranoid illnesses were the most common (see Table 1). There were no significant differences in age, gender or social class between the false and true victim samples. None of the fictitious victims was in a stable intimate relationship in contrast to the true victims (P=0.02, OR=8.3, CI=1.30 to ∞). False victims reported stalking of shorter duration (17.4 v. 40.5 months; P=0.044). They were no more likely to solicit the help of friends and family, police or lawyers but more often utilised general practitioners and psychiatrists (P=0.03, OR=5.8, CI=1.20-27.8). More 'pseudovictims' were embroiled in legal action; five applied for restraining orders against their putative stalker, one was prosecuted for making false reports to police (Case 4), another went bankrupt through her inability to focus on her business (Case 3) and four were themselves convicted of stalking.

The two groups reported similar rates of unwanted telephone calls, approaches, following and property damage, but letters were much less frequently reported by false victims (P=0.01, OR=0.19, CI=0.090-0.757). They were equally likely to report assaults and threats against themselves, but less likely to report such violence against a third party (P=0.03, OR=0.12, CI=0.015-0.948).

Five false victims (42%) reported suicidal ruminations, as opposed to 25% of the genuine victim sample, and two-thirds described aggressive thoughts towards the purported stalker, though none had acted on these.
Table 1 Basic details on false victims

<table>
<thead>
<tr>
<th>Case</th>
<th>Age</th>
<th>Occupation</th>
<th>Marital status</th>
<th>Relationship to 'stalker'</th>
<th>Psychiatric diagnosis</th>
<th>False victim category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30</td>
<td>Actor</td>
<td>Separated</td>
<td>Estranged wife</td>
<td>Narcissistic PD</td>
<td>Role reversal</td>
</tr>
<tr>
<td>2</td>
<td>50</td>
<td>Computer programmer</td>
<td>Divorced</td>
<td>Neighbour</td>
<td>Delusional disorder</td>
<td>Delusional</td>
</tr>
<tr>
<td>3</td>
<td>30</td>
<td>Small businesswoman</td>
<td>Single</td>
<td>None</td>
<td>PTSD</td>
<td>False re-victimisation</td>
</tr>
<tr>
<td>4</td>
<td>30</td>
<td>Councillor</td>
<td>Single</td>
<td>Ex-client</td>
<td>Factitious disorder</td>
<td>Factitious</td>
</tr>
<tr>
<td>5</td>
<td>35</td>
<td>Receptionist</td>
<td>Single</td>
<td>Acquaintance</td>
<td>Malingering</td>
<td>Malingering</td>
</tr>
<tr>
<td>6</td>
<td>50</td>
<td>Health professional</td>
<td>Divorced</td>
<td>Acquaintance</td>
<td>Delusional disorder</td>
<td>Delusional</td>
</tr>
<tr>
<td>7</td>
<td>35</td>
<td>Unemployed</td>
<td>Single</td>
<td>Acquaintance</td>
<td>Schizophrenia</td>
<td>Delusional</td>
</tr>
<tr>
<td>8</td>
<td>35</td>
<td>Health professional</td>
<td>Divorced</td>
<td>Colleague</td>
<td>Delusional disorder</td>
<td>Delusional</td>
</tr>
<tr>
<td>9</td>
<td>25</td>
<td>Unemployed</td>
<td>Single</td>
<td>None</td>
<td>Delusional disorder</td>
<td>Delusional</td>
</tr>
<tr>
<td>10</td>
<td>45</td>
<td>Welfare worker</td>
<td>Divorced</td>
<td>Neighbour</td>
<td>Delusional disorder</td>
<td>Delusional</td>
</tr>
<tr>
<td>11</td>
<td>55</td>
<td>Waitress</td>
<td>Widowed</td>
<td>Work</td>
<td>PTSD</td>
<td>False re-victimisation</td>
</tr>
<tr>
<td>12</td>
<td>40</td>
<td>Small businesswoman</td>
<td>Single</td>
<td>None</td>
<td>Generalised anxiety disorder</td>
<td>False re-victimisation</td>
</tr>
</tbody>
</table>

1. Stalked in the workplace and while on stress leave falsely believed she was under constant surveillance by worker's compensation fraud investigators.
2. Stalked by ex-boyfriend over a six-month period, then alleged two further instances of stalking by unknown men which proved to be false.
PD, personality disorder; PTSD, post-traumatic stress disorder.

DISCUSSION

Types of 'pseudovictim'

There were five broad contexts in which the false claims emerged. The first is where a stalker pre-empted their victim's complaints by accusing them of being the stalker (Case 1). The second are those with severe mental disorders whose persecutory or erotomaniac delusions encompass stalking (Cases 2, 5, 7, 8, 9 and 10). Third are those who have been stalked in the past who become hypersensitive to a possible recurrence and see stalking in the innocent actions of others (Cases 3, 11 and 12). Finally there are the two related groups, factitious victims (Case 4) and malingerers (Case 6).

The role reversal seen in the stalker who claimed to be stalked arose in the context of a narcissistic personality. He was humiliated at his partner's rejection and sought both revenge and justification through the claimed role reversal which was as much self-deception as a lie. A conviction about being stalked can be part of a delusional system in which an extensive network of conspirators monitors their every move. Society's growing awareness of stalking is providing fresh material for delusional prepossessions, which is hardly unexpected given the centrality to many paranoid syndromes of the experiences of being watched, followed and harassed. Erotomaniac delusions can also provide a basis for false claims of being stalked. Case 8 developed erotomaniac delusions in relation to a senior manager at her workplace, and was imprisoned for repeated breaches of the restraining order he had taken out against her. During her incarceration she alleged that he was bombarding her with seductive telepathic messages and upon her release she was convinced he entered her home at night, made love to her as she slept and had promised to marry her.

Factitious victims can subsequently become false victims although there is no conscious intent on their part to deceive. Apprehension and isolation is produced in victims of stalking (Pathi, 1996) and the resultant distrust, hypervigilance and lack of companions with whom to discuss one's fears can result in innocent situations being misperceived as a return of the stalking.

In factitious disorders there is conscious simulation of physical or psychological symptoms in pursuit of the sick role. Factitious stalking, like factitious sexual harassment (Feldman-Schorrig, 1996), is presumably aimed at the gratification of dependency needs through adopting victim status rather than the sick role. Victim status is easily feigned, especially by individuals such as Case 4 whose occupation brought her into regular contact with traumatised victims. Although monetary incentives existed for Case 4, in particular disability payments for post-traumatic stress disorder, these were of less concern to her than the success of her 'condition' in eliciting support and satisfying her psychological need to be the recipient of legal, criminal justice and victim counselling services. Indeed, any secondary gains in her case were far outweighed by substantial personal losses; she emerged from court with a criminal conviction and humiliating media exposure, as well as forfeiting her career and comfortable lifestyle. Factitious claims of victimisation should not be confused with malingered although these individuals may also acquire secondarily motivations based on financial reward (Janofsky, 1994).

There are also malingered claims of victimisation. Case 6 professed to be the victim of stalking while standing trial on criminal charges, initially to solicit the sympathies of family and friends shocked by her crime but also to manipulate the outcome of her court case and avoid legal responsibility. Subsequently she attempted to claim crimes compensation on the basis of extravagant claims of psychological damage and financial loss. Instances of false stalking allegations purely for economic gain are rare in our experience, given the relatively small compensation and litigation-related monetary awards currently available to crime victims in Australia.

Impact of false claims

False claims of victimisation have also been documented with those reporting rape (Kanin, 1994), sexual harassment (Long, 1994) and physical assault (Eisendrath, 1996). Failure to identify these spurious and occasionally mischievous complaints can have serious consequences. False victims undermine the credibility of genuine victims who in many contexts still struggle to have their experiences assigned the importance they deserve. Although relatively rare, false
victims can infiltrate the depths of our medical and legal systems before their detection, accessing a disproportionate share of services. Malingered stalking victims in particular, alert to this 'new' form of victimisation as compensable, deprive true sufferers, who have often incurred substantial financial losses in their efforts to evade their stalker, of limited public funds.

Recognising false claims

In the diagnosis of factitious sexual harassment the index of suspicion is said to be heightened by ‘a perplexing discrepancy between the plaintiff’s apparent sincerity and the objective facts that seem to discredit her allegations’ (Feldman-Schorrig, 1996). This is equally pertinent to the false stalking victim where suspicions should be engendered by convoluted accounts that cannot be verified. The false victim’s story lacks the consistency, plausibility and richness of detail evident in genuine cases. False victims are likely to present for help at an earlier stage than true victims. False victims rarely complain of receiving letters or report threats or attacks against third parties. Suspicions should be heightened by the engagement of multiple therapists, moving from one to another at the first hint of scepticism, and the possession of dossiers of ‘evidence’, the latter often proving to be of dubious significance. A repeated insistence that he or she is telling the truth is found far more frequently with the false victim. It should never be forgotten however that genuine victims’ narratives can occasionally astound and attract undeserved scepticism from inexperienced practitioners.

Management

Management of false victims begins with their early identification and the treatment of the underlying disorder where indicated. One must be alert to any opportunities that expand the false victim’s information base and reinforce their self-perception as a victim. They should be excluded from support groups for crime victims, particularly stalking victims. Psychiatrists have an important role to play in assisting the courts to distinguish between valid and fallacious allegations, and the psychopathology which might underlie the latter. Above all these false victims in most cases are distressed and disturbed individuals in need of care and treatment, not mere charlatans and liars.

CLINICAL IMPLICATIONS

- A typology of those who falsely claim to be victims of stalking is presented, which may assist in their recognition.
- The management of this group of false victims is discussed in the context of false claims in general.
- Distinguishing between false and true representations of stalking will enable a more circumspect allocation of the scarce resources available to victims.

LIMITATIONS

- This is a non-random, selective clinical population.
- Diagnoses are based on non-standardised clinical interviews.
- The small sample size limits the extent to which we can extrapolate the clinical findings.

FALSE CLAIMS OF VICTIMISATION

The vast majority of those who report stalking are genuine and despite acknowledgement of their plight through legislative changes, sympathetic media depictions, and the emergence of victim information/support groups, there remain many obstacles in their quest for personal safety and well-being. While it is not necessary to be suspicious of every self-designated stalking victim, this article delineates five broad categories of fictitious presentations, and some of the features that should alert clinicians and other relevant professionals to their presence. We recognise that raising awareness of the phenomenon of false victims may appear at odds with the more pressing need to obtain recognition and help for the far greater number of victims of genuine stalking but we are confident it will ultimately benefit our patients. With a more enlightened approach to the problem of dissembled victimisation and relevant treatment measures, we are better positioned to ease the burden currently experienced both by true victims and by those driven by equally real distress and disturbance to make false claims.

REFERENCES